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DIVISION OF STRATEGIC SUPPORT TO COUNTRIES IN GREATEST NEED (SSC)

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SELECTED COMMENTS MADE BY DELEGATES TO THE FORTY-EIGHTH WORLD HEALTH ASSEMBLY AND BY EXECUTIVE BOARD MEMBERS DURING THE NINETY-NINTH SESSION OF THE WHO EXECUTIVE BOARD

Organisation mondiale de la Santé
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Selected Comments by Delegates to WHA48 on Intensified Cooperation with Countries in Greatest Need

Professor Bertan, Representative of the Executive Board

Professor Bertan noted that the WHO initiative for intensified cooperation, on which the Director-General had reported to the ninety-fifth session of the Executive Board, had been introduced at the end of 1988 in response to the stagnation or deterioration of the health status of the world's poorest people. Resolutions WHA43.17, WHA44.24 and WHA46.30 endorsed the launching of the initiative, and the Director-General had been requested to report to the Forty-eighth Health Assembly on implementation of resolution WHA46.30. The approach focused on strengthening the capacity and performance of the health sector in the poorest countries, in ways specific to the needs of each country. It had become increasingly apparent, however, that halting a decline in health services included a strong, focused attack on all aspects of poverty and its consequences for health; furthermore, the health sector would have to assume new roles. The fundamental aim of intensified cooperation was to develop national health systems, rather than to make progressive, short-term improvements.

The Executive Board had noted that the approach was based on the needs of countries rather than those of programmes and that support had been found for only 26 of the 36 countries that had expressed an interest in the initiative. Proposals for the future included the promotion of policies developed on the basis of experience in specific countries to health development in countries in greatest need; development of new methods when necessary; strengthening WHO's country offices; and strengthening WHO's technical and budgetary support. The Board had noted that the initiative had been in operation for five years and represented both a new kind of partnership and a stronger, better-defined role for the Organization at the country level. Much had been accomplished, of which WHO could be very proud. It had been proposed that criteria might be established for setting priorities, especially in view of the lack of financial and human resources in the Division of Intensified Cooperation with Countries to respond to the demands of all the countries that wished to benefit from the initiative. In order to pursue and strengthen cooperation with countries in greatest need the Executive Board had therefore decided to submit to the Health Assembly, the draft resolution contained in resolution EB95.R8.

Dr Tierney, Ireland

Dr Tierney said that, in common with other States, Ireland was seriously concerned about the deteriorating conditions of health in the world's poorest countries and among the poorest people in all countries. In view of the wide diversity of political, economic and social circumstances, any approach to the problem should be based on the needs of individual countries, and strong leadership would be required from WHO in order to initiate an adequate, coordinated response to those needs. He strongly supported initiatives in which WHO worked within a planning framework with the governments of countries in greatest need.

The work should be based on priorities identified by those governments and implemented with advice from WHO and in close cooperation with donor countries, nongovernmental organizations and funding agencies. A district or region could be selected within a country, for example, and a programme for reform of the health care system be decided upon by the national government in conjunction with WHO; all interested parties could be invited to participate in the detailed planning and coordination. The programme should be a long-term, sustainable one that could be transferred to other regions and countries with suitable modifications. The initiative under discussion was a demonstration that such an approach could be successful.

Mrs Gu Keping, China

Mrs Gu Keping also noted the profound political and socioeconomic changes that had taken place over the preceding few years, which had had adverse effects, especially in the least developed countries. The changes had not only hindered the development of medical and health services but had also damaged the existing services and reversed many of the gains they had made in their efforts to improve the health of their people. Those countries needed support from the international community, including WHO.

The programme for intensified cooperation with countries in greatest need had had a positive effect, and she endorsed the future activities recommended in the report. She noted, however, that of the 36 countries that had made formal requests to WHO for assistance within that programme, only 26 had received it. More countries would probably request such cooperation, and WHO should be able to respond fully to such requests. The emphasis of WHO's assistance should be on helping countries to help themselves - for instance, in the form of assistance in establishing sustainable health systems based on primary health care, strengthening and improving health financing systems at all levels, enhancing health manpower training, and transferring appropriate technology. Intercountry exchange of experience should be intensified, and approaches that benefitted health development should be popularized. She fully endorsed WHO's plan to convene an international meeting for that purpose in 1996; exchange of experience could also be promoted by, for instance, mutual visits between neighbouring countries, publications and communications. At the international level, WHO should strengthen its partnership with other United Nations bodies and with multilateral and bilateral donor agencies in order to encourage recognition of the high priority that should be accorded to health when assistance was provided.

Dr Gibril, Sierra Leone

Dr Gibril said that his country had been part of the network for intensified cooperation for the previous two years, during a time when radical changes were being made in the structure and functioning of the health care delivery system, including the development of a new health policy, a national health action plan, donor coordination, and new systems for managing human resources and finances. The Division for Intensified Cooperation with Countries had provided support in a number of areas. In order to strengthen health management, a problem-solving approach had been adopted to improve managerial capacity at the district level, involving preparation of projects, establishing a national network of "facilitators", training such people and holding a series of workshops on management. In the area of health care financing, papers had been prepared on the system used currently, a national seminar had been held on the subject, a project proposal had been written and guidelines had been prepared. Cooperation in the field of health legislation had involved assessment of needs and review and implementation of an effective system. Aid mobilization had been supported by assistance in the process of negotiations.

He recalled the emphasis placed in earlier meetings of the Committee on WHO's focusing on activities it did well, and hoped, by describing the kinds of assistance that could be effectively provided at country level, to allay the fears that some might have. He strongly supported the draft resolution recommended by the Executive Board.

Mrs Rodriguez-Fankhauser, Guatemala

Mrs Rodriguez-Fankhauser noted that in the *World Health report* 1995 and in the Director-General's address to the Health Assembly, poverty was identified as the main cause of ill-health. Poverty was extending all over the globe, and WHO should try to respond to new and old challenges, using the strategy of health for all as a means of reducing disparities between and within countries. Health problems might be similar in various regions but there were no universal remedies; the

Guatemala was one of the 26 countries that had benefitted from intensified cooperation since 1992, at which time two main strategies had been identified: implementation of health policies in order to improve the distribution of funds at all levels, which implied decentralization, the development of local health systems and a stable financial system; and development of health care for vulnerable populations and groups, using an integrated, humane approach. Repatriates and displaced persons from Mexico were included in this approach.

The strategy for 1995 covered four main areas. One of those was support to the process of reform of the health services by developing local instructional capacity, especially in administration and management, by training health professionals in particular, local offices had been created and staffed by qualified national personnel with enhanced management capacity. Another was the large migrant population in Guatemala, where people from the high plateaus came down to the coast each year for the coffee, sugar and cotton harvests. Ways were being studied to increase the social security coverage of those migrants, and pilot studies were being conducted to provide better sanitation on the plantations where they worked and to improve their health status.

She considered that intensified cooperation was a new, positive activity which had already shown its worth; countries had learned to use a more targeted type of assistance. Although she agreed in general with the draft resolution, she would have liked the text to have been more emphatic.

Dr van Etten, Netherlands

Dr van Etten, noting that the programme for intensified cooperation provided an important mechanism for strengthening health systems at the national level, inquired as to what extent the programme was cooperating with programmes coordinated by the Division of Strengthening of Health Services. He also asked what criteria were used in allocating financial and technical resources; the document mentioned none, but the draft resolution, in paragraph 3 (1), made reference to criteria such as income and health status. Were those some of the criteria adopted by the Secretariat?

He proposed two amendments to the draft resolution: in paragraph 2 (2), the insertion of the words "in addition on" after the words "expertise and"; and in paragraph 3 (1) the addition of the words "and willingness of governments" after "national capacity".

Mr Tomo, Mozambique

Mr Tomo said that his country was one of those that had benefited from the programme for intensified cooperation with countries in greatest need since 1990. The country had been at peace since 1992, and the Government formed in December 1994 had adopted a programme of national reconstruction in which health was a priority. It was difficult to reconstruct a country after 15 years of war, especially since the proportion of the population not covered by the national health service had risen from 40% before the war to about 60% by the end of the war. Within the framework of government-donor coordination, great effort was being made to establish what were the most urgent among the many priorities in the national reconstruction programme. His country's needs were clearly defined; they now required the financial resources to deploy the necessary material and human resources in order to transform the constantly growing demands into reality. He fully supported the draft resolution.

Dr Yao Sik Chi, Malaysia

Dr Yao Sik Chi noted with concern the deteriorating health of people in the least developed countries. Measures to alleviate poverty and its effects on health were crucial to progress, health for all and socioeconomic development. Malaysia supported the efforts of Member States to strengthen health development and commended WHO's reorientation of its structure and function at all levels towards intensified cooperation with countries in greatest need. He expressed his support for the draft resolution

Dr Key, United Kingdom of Great Britain and Northern Ireland

Dr Key, welcoming the Director-General's report (document A48/7), said that since the launching of WHO's intensified cooperation initiative, the United Kingdom had followed with interest the activities of the Division of Intensified Cooperation with Countries, but had not so far been a major donor of voluntary or extrabudgetary contributions. In fact, the increasing reliance of the Division on extrabudgetary funds was a matter of concern; the percentage of funding from the regular budget had fallen from some 50% in 1990 to less than 25%. In that connection, she drew attention to a recent report on the extrabudgetary-funded activities of WHO, which could be made available to delegations on request.

The Division's mandate, with its focus on national capacity-building, improved horizontal and vertical integration of WHO inputs, and coordination with other agencies involved, was well suited to respond to the most vital needs of the least developed countries. She congratulated the Division, which had succeeded, with limited staff and resources, in establishing programmes in 27 countries. However, new requests for assistance were being made by many of the remaining eligible countries, and she feared that it would not be possible to respond to these requests given the current and proposed level of WHO funding.

The approach described in document A48/7 made no reference to the essential donor coordination mechanisms that WHO would need to establish by working together with governments. The multiplicity of donors, all with very different policies and approaches, meant that enormous demands were made on ministries of health, planning and finance in the countries concerned. WHO should take the lead in producing a guide for such countries on how to establish and institutionalize effective donor coordination mechanisms.

The Division was somewhat isolated within the Organization; intensified cooperation activities should be an integral part of the work of other departments and divisions, and should be integrated with all other action programmes at country, regional and headquarters level. Unfortunately, the barriers that existed between programmes and between units tended to lead to duplication of effort, particularly at country level, which resulted in a waste of scarce resources.

She supported the draft resolution recommended in resolution EB95.R8 and proposed that in paragraph 1 (3) the words "to establish and institutionalize effective systems to" be inserted before "coordinate". In paragraph 3 (1), she proposed that the word "more" be inserted before "countries", and that the phrase "and strengthening the WHO country offices in those countries, so that the staff have the technical competence and expertise to provide the necessary advice and leadership to the national government" be added after "targets for achievement".

Dr Shrestha, Nepal

Dr Shresthra, commending the report, said Nepal was one of the 26 countries in the world and the five countries in the South-East Asia Region benefitting from intensified cooperation with WHO. It had received support in such areas as health economics and financing, health sector review, accelerated development of management information systems, development of human resources for health, strengthening of district level health management systems, and strengthening of national capacity for external aid management. He endorsed the Director-General's four proposals for increasing the Organization's capacity for intensified cooperation set out in paragraphs 16-19 of document A48/7, and supported the draft resolution recommended in resolution EB95.R8.

Mrs Oulton, Canada

Mrs Oulton congratulated the Director-General on his efforts to intensify cooperation with countries in greatest need. Canada supported the basic principles of intensified cooperation, and the emphasis laid on integrated policies and national execution. It was crucial that national authorities benefiting from intensified cooperation should play an active role as full partners with WHO. The proposals for the future contained in section IV of document A48/7 were very encouraging, and the report showed that WHO's original vision of intensified cooperation was still very much alive. She supported optimum use of all WHO's resources at country level, and favoured close linkage between intensified cooperation activities and those funded through country allocations under the regular budget. While she supported the draft resolution contained in EB95.R8, it should be clearly understood, that the "country-specific WHO response" referred to in paragraph 3 (1) of that resolution implied first and foremost, a response to collective policies, objectives and priorities, which could then be adapted to specific local circumstances using a country-focused approach placing health development in the context of overall national development.

Dr Gomes, Guinea-Bissau

Dr Gomes said that as one of the beneficiaries of intensified cooperation, Guinea-Bissau appreciated the initiative as a clear expression of the Organization's solidarity with the countries in greatest need. However, the programme's first concern should be to identify the real obstacles to the development of health systems in countries. In Guinea-Bissau, the initiative continued to have a very positive impact, particularly in strengthening management capabilities at central and intermediate level, in coordinating health activities, and in ensuring a more rational use of available resources. Accordingly, he supported the resolution contained in resolution EB95.R8.

Mrs Vogel, United States of America

Mrs Vogel welcomed WHO's continued recognition of the relationship between poverty and ill-health. A holistic approach, linking economic, environmental and social factors to health, produced information that could be useful for all countries, not only those in greatest need. She hoped that efforts to ensure congruence with countries' national plans would be a major component of intensified cooperation. She emphasized the importance of rationalizing the selection of countries and of giving priority to activities at country level. In that context it was encouraging to hear the experiences of beneficiaries of intensified cooperation. In seconding personnel to strengthen the capacity of WHO country offices, a sharing arrangement between contiguous countries might be considered, in order to make the best use of scarce resources.

She noted the proposal to convene a meeting in 1996 to share the Organization's policy guidelines with representatives of the poorest countries, as well as with the multilateral, bilateral and nongovernmental organizations which were giving them support, and hoped that consensus could be reached at that meeting on priority health topics for contiguous countries. She endorsed the proposal to strengthen the technical and managerial capacities of headquarters and of regional and country offices, although emphasis should be on strengthening capacities at regional and country rather than headquarters level. That would appear to be the conclusion reached in document A48/7, but she would welcome clarification on that point.

Dr Katema, Zambia

Dr Katema said Zambia too had benefited from intensified cooperation, and he therefore supported the resolution recommended by the Executive Board in resolution EB95 R8, together with the amendments proposed by the delegate of the United Kingdom.

Dr Singay, Bhutan

Dr Singay commended the Secretariat on the intensified cooperation initiative, which was well focused and effective. Bhutan had so far benefited from assistance in formulating a five-year plan for the health sector, in capacity building, and in the strengthening of training institutions. Help had also been given to improve the patient referral system and to ensure effective and prompt responses from district to peripheral health services by improving telephone and radio communications. Further areas of cooperation were now under discussion. Intensified cooperation should give more emphasis to country-specificity and country-relevance in its approach, and efforts should be made to improve communications between headquarters, regional offices and countries, so that the enthusiasm and momentum generated at country level could be sustained. He supported the draft resolution contained in resolution EB95.R8.

Dr Touré, Guinea

Dr Touré said it was clear from the Director-General's report (document A48/7) that poverty was the major cause of ill-health, and that the poorest countries bore the heaviest burden in that respect. While the analysis given in the report was excellent, attention should be focused on the action needed to remedy the situation. The integrated approach followed by the Division of Intensified Cooperation with Countries should be encouraged, strengthened, and if possible expanded, and he congratulated the Division on its efforts so far. Intensified cooperation not only enabled WHO to target its activities on reducing inequalities, but also enabled the countries concerned to develop the capacity to bring their own process of health development to a successful conclusion. He shared the views expressed by previous speakers, and strongly supported the draft resolution under consideration.

Mr Chae Thae Sop, Democratic People's Republic of Korea

Mr Chae Thae Sop commended WHO for its efforts to strengthen cooperation with countries in greatest need. As indicated in the report, the health status of the least developed countries was continuing to deteriorate, despite continued efforts by WHO to support their health services. If inequalities in the field of public health were to be eliminated, WHO's collaboration with such countries must be strengthened. The international community should focus attention on the plight of countries in greatest need, and should do all it could to mobilize additional funds to assist their health development and to tackle urgent health problems. He supported the draft resolution before the Committee.

Mrs Nesbitt, Australia

Mrs Nesbitt noted that intensified cooperation activities adopted a country-specific approach, recognizing the differences in health problems and the resources needed to deal with them in different countries. She welcomed the increased emphasis on policy development and the strengthening of WHO country offices described in the Director-General's report (document A48/7, paragraph 3). Nevertheless, resources remained limited, and WHO's policy of action at a country level had committed the Organization to re-examining the way its resources were allocated in order to use funds in a more focused but flexible way by means of country-specific strategies (see paragraph 20). Her delegation therefore had some reservations about the proposal in paragraph 16 to convene a meeting with representatives of the poorest countries and various donor agencies to publicize WHO's policy guidelines, an aim which, she felt, might be more effectively achieved at country level.

Dr Nicknam, Islamic Republic of Iran

Dr Nicknam also endorsed the recommended resolution. In particular, operative paragraph 2 rightly emphasized that all Member States were responsible for the planning and implementation of their own health development policies, with appropriate financial and technical assistance from donors

Dr George, Gambia

Dr George, commending the Director-General's report, recognized the decline in the health status of the least developed countries following the decline in their economic performance, and that poverty was the root cause of the problems such countries faced. He hoped that WHO and its partners would continue to implement a multisectoral strategy, which was a realistic approach to the solution of those problems. Specifically, support should be given to improving and strengthening mechanisms and capacities at district level, and to coordinating, monitoring and evaluating health intervention programmes to ensure that they had the maximum impact. WHO should coordinate its intensified cooperation activities with those of other agencies at country level. Synchronization of efforts would do much to help communities build up the skills and capacities they needed to manage and implement community-based projects such as the Bamako Initiative. Most, if not all, of the least developed countries needed to benefit from WHO's intensified cooperation.

In view of the current shortage of funds, he urged the Organization to intensify its alliance with nongovernmental organizations, so that it could play a proactive role in deciding how the extensive health sector resources available to these organizations were spent. WHO country offices could play a significant role in that connection. He welcomed the Director-General's proposals for the future, set out in section IV of document A48/7, and stressed that it was important for countries to be provided with information, through country offices, as to how they could best benefit from intensified cooperation. He supported the draft resolution contained in resolution EB95.R8, together with the amendments proposed by the delegate from the United Kingdom.

Dr Pavlov, Russian Federation

Dr Pavlov said that the current far-reaching changes in the world could not fail to affect health and health systems in many countries. The most vulnerable groups in society were the worst affected, finding it ever more difficult to obtain medical and preventive care. The growing commercialization of health care, resulting from the need to cut costs while maintaining a basic level of services, reduced equity of access even further. He therefore welcomed WHO's activities in the field of intensified cooperation with the countries and peoples in greatest need. With its wealth of experience, WHO was in a position to provide technical assistance, information and experts to poor or crisis-stricken countries. He therefore supported the draft resolution proposed by the Executive Board in resolution EB95.R8.

Ms Milen, Finland

Ms Milen expressed her support for WHO's concept of intensified cooperation, which emphasized national health development and promoted intersectoral, integrated and coordinated action. WHO should strengthen such approaches in all countries in order to take the leading role in health development. As the health gap between nations widened, the need to support the poorest countries increased. Activities should therefore be expanded to cover more countries, as proposed in the report document A48/7 paragraph 15, with a corresponding increase in financial and technical resources at both country and headquarters levels. Immediate action would, however, be needed to strengthen the coordinating role of WHO's Division of Intensified Cooperation with Countries at all levels. She supported the draft resolution in principle, but considered that it should be amended to reflect her concerns and those expressed by the delegate of the United Kingdom.

Dr Violaki-Paraskeva, Greece

Dr Violaki-Paraskeva said that document A48/7 described the coordinating role of WHO in cooperation with countries in greatest need. She endorsed the draft resolution under discussion, with the amendment proposed by the United Kingdom, and proposed that operative paragraph 3 (2) should be amended to read: "to continue to re-orient the structure and functions at all levels of the Organization and strengthen the technical and managerial capacities, in order to..."

Dr Do Nascimento Alves, Brazil

Dr Nascimento Alves said that WHO should rationalize its intensified cooperation by identifying groups of countries with similar ethnic groups, languages, geographical situations and technical capacities. It was also essential to establish clear, viable and useful objectives for action. WHO would need to mobilize international sources of funding if such cooperation was to succeed: perhaps an international health fund could be set up, financed by a levy on world financial transactions. Brazil had established a number of cooperation programmes with Portuguese-speaking African countries in such areas as epidemic diseases, AIDS and mental health, in accordance with WHO guidelines. He supported the draft resolution.

Dr Bayarsaikhan, Mongolia

Dr Bayarsaikhan said that over the past five years 26 countries had benefited from intensified cooperation, enabling them to improve their national capacities to sustain an effective health system, to improve cost-effectiveness and to make the best use of scarce resources. The success of the country-specific approach was demonstrated by the number of countries waiting to take advantage of the initiative. In Mongolia, intensified cooperation had contributed to the introduction of a universal health insurance system, the strengthening of health management, the coordination of aid in the health sector and the improvement of rural health services. He supported the draft resolution, together with the amendments proposed.

Professor Leowski, Poland

Professor Leowski welcomed the proposed extension of intensified cooperation with countries and peoples in greatest need to 40 countries over the next biennium. However, in another clearly identifiable group of countries - those with economies in transition - a marked deterioration in basic health indicators had been seen in the very recent past. In the interests of equity and solidarity, WHO might consider extending such intensified cooperation to those countries, which would certainly require it if their health status were not to deteriorate further. Moreover, they were in a good position to make the best use of WHO assistance. He expressed his support for the draft resolution under discussion.

Dr Khoja, Saudi Arabia

Dr Khoja suggested firstly, that a database should be established relating to international cooperation with countries in greatest need. Secondly, WHO should consider carrying out research in common problems associated with technical cooperation with non-health sectors and training for decision-makers in those sectors, in order to improve the planning and cost-effectiveness of health systems. For example, the Gulf Cooperation Council had undertaken research on children's health in 1987, which had provided a great deal of valuable information. Thirdly, it was essential to provide training for health leaders to help them to appreciate the importance of technical assistance and to make use of their expertise. He endorsed the draft resolution under consideration.

Mr Grangaud, Algeria

Mr Grangaud said that the draft resolution before the Committee rightly emphasized that Member States were responsible for defining their own national priorities. In future, intensified cooperation activities should take the form of a basic package, agreed by consensus, and offered to every country. It was necessary to examine more thoroughly the methodology of all proposed health system reforms. On some occasions in the past, such reforms had led to a deterioration in the health status of the poorest groups in society. His delegation supported the draft resolution recommended by the Executive Board.

Dr Korte, Germany

Dr Korte welcomed the country-specific approach taken in intensified cooperation activities and the emphasis on the poorest countries, which was fully consistent with his own government's policy. In particular, he welcomed the efforts to help countries to strengthen their own planning and management capabilities. His government's policy was to support countries primarily through bilateral funding and mechanisms. Nevertheless, there was still scope for collaboration between WHO and bilateral programmes to improve the coordination of donor inputs. He asked the Secretariat for more information about the collaboration mechanisms introduced by WHO's Division of Strengthening of Health Services. He welcomed recent moves by WHO and the World Bank to work more closely together. Those initiatives could be taken even further, e.g. by means of bilateral programmes. He endorsed the draft resolution under discussion, with the amendments proposed by the Netherlands and the United Kingdom.

Ms Herzog, Israel

Ms Herzog proposed that operative paragraph 3 (4) of the recommended resolution should be amended to read: "...manage external resources, including human resources from countries that have emerged successfully from a state of a developing country to a developed one and to make available..".

Mr Moreau, France

Mr Moreau said that intensified cooperation activities were in the best WHO tradition of equity, international solidarity and the fight against poverty. However, evaluation was essential if lessons were to be learned from the experiences of the 26 countries which had benefited so far. It was also essential to establish real coordination between donors in order to avoid duplication. His delegation endorsed the draft resolution recommended by the Executive Board.

Dr Antelo Perez, Cuba

Dr Antelo Perez said that the initiative was very much in keeping with the Director-General's appeal for equity and solidarity. The fact that 26 countries were benefiting from it and that an additional 14 wished to participate in it demonstrated its importance. His delegation supported the draft resolution recommended by the Executive Board in resolution EB95.R8.

The experience gained and the growing number of requests showed that intensified cooperation was an effective approach, focusing as it did on country-specific needs, on reducing disparities between and within countries, on capacity-building, including the capacity to manage the support provided by donors, and on coordinating and directing activities by countries so as to increase their effectiveness and sustainability. The "top-down" approach adopted enabled the Organization's resources to be used in a cost-effective manner.

The Secretariat should therefore seek to strengthen WHO's capacity to provide effective support to countries by adopting a more flexible and broader approach to intensified cooperation so as to increase its viability, by ensuring that more resources were available for countries, especially in greatest need, and by strengthening the coordinating role of the Division of International Cooperation with Countries and making it responsible for reporting directly to the Director-General. He was grateful for the visit to Cuba in connection with the initiative, and reiterated his country's commitment to further collaboration.

Dr Dy, Cambodia

Dr Dy supported the recommended resolution. The combination of poverty and low health status made it necessary for WHO to intensify cooperation with countries in greatest need so that at least the

Dr Ashley-Dejo, Nigeria

Dr Ashley-Dejo said that, despite the relatively large number of health professionals in Nigeria and his country's national policy based on primary health care, it was difficult, with a population of some 100 million, to provide minimum services to all 3000 districts equitably. His delegation appreciated the support provided by the WHO country office to Nigeria's national programmes. Although Nigeria was not listed as one of the countries in greatest need in Africa, it requested WHO to use its good offices to assist in streamlining and coordinating the activities of the various multilateral and bilateral donor agencies which were lacking in focus and consequently in effectiveness. Thus two different systems of supplying drugs to districts were in operation, the essential drugs system supported by the World Bank and the Bamako Initiative system promoted by UNICEF and the British Overseas Development Agency; both of which were supported by WHO. Nigeria fully supported the recommended resolution, placing special emphasis on the collaborative and coordinating role of WHO.

Dr Togbe, Benin

Dr Togbe, after recalling the emphasis in the Declaration of Alma Ata on participation by every individual in the planning, delivery and evaluation of health care, the focus on community involvement in health development in the technical discussions at the Forty-seventh World Health Assembly, the consensus at that Health Assembly on the respective roles of the community, the health sector and other sectors, and the abundant and authoritative literature on participation, said that the fact must nevertheless be faced that participation was still something of a dead letter in international and bilateral cooperation and in national programmes, with a resulting lack of interest by beneficiaries, who failed to identify themselves with programmes or projects. He therefore urged the Committee to place particular emphasis in the recommended resolution on enhanced participation in the intensified cooperation initiative. His delegation was prepared to cooperate with the Secretariat or a drafting group to that end.

Dr Basly, Tunisia

Dr Basly expressed gratitude for the support received by the health sector in Tunisia and, in general, for WHO's efforts, as reflected in the report by the Director-General (document A48/7), to improve the health status of the world's poorest people and close the gap between the advanced and the developing countries through intensified cooperation with countries and peoples in greatest need. The health situation was particularly unsatisfactory in Africa, and he hoped that WHO would attain all its objectives as soon as possible. International cooperation should be based on a multidisciplinary, comprehensive approach, with special programmes for countries in greatest need, and should provide for an appropriate legal and administrative framework to sustain programmes and cooperation over time: qualified personnel at all levels dealing with both primary health care and emergency measures, and ensuring effective coordination between all partners; and optimum use of available resources to help countries overcome bureaucratic obstacles to immediate action, which could be essential in certain situations. WHO had a leading role to play in that field. In many cases, a regional approach to intensified cooperation, especially in the countries of the South, would have a greater impact than an individual country approach. Activities should be mutually beneficial to countries with similar socioeconomic conditions: likewise, the experience of economically more developed countries would benefit those that were less developed.

Dr Mansour, Egypt

Dr Mansour endorsed the suggestion by the delegate of Saudi Arabia that a database on intensified cooperation with countries in greatest need should be established. It was necessary to strengthen those countries' capabilities for making optimum use of available resources in evaluation, planning and maximizing impact, and in supporting programmes and activities on a sustainable basis. Emphasis should be placed on strengthening technical cooperation between the countries concerned. Egypt supported the draft resolution recommended by the Executive Board.

Dr Samba, Regional Director for Africa

Dr Samba said that most of the forty-six countries in the African Region were eligible for support under the initiative, which was much appreciated in Africa. Since he had taken office, he had sought very close collaboration with the Division of Emergency and Humanitarian Action and the Division of Intensified Cooperation with Countries, the former for acute emergencies and the latter for chronic emergencies and rehabilitation. His objective was to ensure continuity in action and expansion of the initiative to other countries. Twelve countries were currently benefiting from intensified cooperation, but others were requesting support. Given the Region's limited capacity, the process was to be accelerated by strengthening country office capacity through training and human resource mobilization, and by strengthening the Regional Office's capacity to support countries more effectively. Intensified cooperation in Africa was country-driven, with emphasis on collaboration at the country level.

Dr Al-Jaber, Qatar

Dr Al-Jaber advocated full, comprehensive cooperation with all forty countries referred to in the report, under the initiative. He hoped that WHO would receive the necessary financial resources so that intensified cooperation could be implemented as soon as possible. He further drew attention to the role of nongovernmental organizations in assisting in that endeavour. A portion of the 5% of resources reallocated to priority areas might perhaps be set aside for intensifying cooperation with countries in greatest need in the coming period.

Dr Husain, Regional Office for South-East Asia

Dr Husain said that the Region was a major participant in the initiative. Participating countries received crucial, timely and catalytic support for national health policy formulation and health systems reforms, including financing and health insurance, in addition to support for the strengthening of ongoing major country programmes such as human resources development and health planning and management. Experience in the Region in the past three to four years had confirmed that the initiative was more effective and potentially more sustainable when delivered in a coherent and integrated manner with technical back-up by the Regional Office and headquarters, and when incorporated into the mainstream of WHO country-level cooperation. The new focus on poverty alleviation opened up new vistas for intensified technical cooperation. He was optimistic that the further strengthening of the initiative would be of continuing benefit to the countries in greatest need.

Dr Jardel, Assistant Director-General

Dr Jardel, replying to comments and questions, noted that the statements of the regional directors had shown that the initiative for intensified cooperation with countries was one that involved the Organization as a whole, and not just headquarters. Regarding the question of criteria for deciding to support countries, action was taken not only on the basis of national statistics but in response to requests from individual countries, whether because they were among the poorest, as was the case of the least developed countries, or because they were experiencing temporary crises resulting in a decline in the health status of their populations, which called for a phase of national recovery or a specific plan to counteract poverty. The strategy therefore hinged on a clear expression of the will of the country concerned to participate in the initiative and also, of course, the Organization's material capacity to respond.

Regarding the linkage between the initiative for intensified cooperation with countries and the programme for strengthening of health services, he said that the main responsibility of the latter at headquarters was to develop norms and standards for the organization of health systems based on primary health care. The initiative for intensified cooperation with countries was not a programme in the traditional sense, but was the unit at headquarters that facilitated such cooperation at all levels: headquarters, regional offices and country offices.

One of its main functions was to ensure that WHO recognized the specific needs of countries and responded to them adequately and sustainably. In replying to questions asked by the delegate of Canada, he said that the Organization's response to country-specific needs nevertheless took into account the orientations of programmes and the global and regional priorities of WHO. The initiative for intensified cooperation with countries and the programme for strengthening of health services cooperated closely For example, the former used manuals for training district managers that had been prepared by the latter; the two programmes both participated actively in a special group on economics established by the former; the former participated in studies undertaken by the latter on decentralization, especially in several of the countries that were participating in the initiative for intensified cooperation, and in fact several members of staff of the programme for strengthening of health services had participated directly in activities in those countries. There was thus close cooperation and cross-fertilization.

A question that had been asked, in particular by the delegates of the United Kingdom, Bhutan, the United States of America and Finland, concerned the strengthening of WHO capacity to undertake the initiative. The intention was first to strengthen capacity at the country level, with the support of the regional offices; in fact, the Director-General, in reallocating 5% of the budget, proposed to attribute three posts to the initiative, which would be based in the regions in order to serve the countries in greatest need. The financial implications of directing the efforts of the three levels of WHO towards the specific needs of countries and the demand for extension of the initiative were, however, problematic. The balance between the regular budget and extrabudgetary funds, which currently predominated, should be monitored continually. Although the Secretariat was proud of the initiative, it did not consider that it owned the approach and was pleased to note that its principles were reflected in bilateral cooperative efforts, as had been noted by the delegate of Brazil.

The Chairman drew the Committee's attention to the draft resolution contained in resolution EB95.R8 entitled "Intensified cooperation with countries in greatest need", and the amendments to that resolution made by a number of delegates.

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The draft resolution recommended by the Executive Board in resolution EB95.R8, as amended, was approved.

SELECTED COMMENTS MADE BY EB MEMBERS DURING THE NINETY-NINTH SESSION OF THE WHO EXECUTIVE BOARD ON INTENSIFIED COOPERATION WITH COUNTRIES IN GREATEST NEED

Appropriation section 2: Health policy and management

Dr CALMAN referring to Table 7 in the proposed programme budget, said he wished to know the reason for the drastic reduction from some US$ 13 million to some US$ 7 million under specific programme 2.3.2 (Collaboration with countries and peoples in greatest need).

Professor GIRARD said that like Dr Calman, he was surprised to see the nearly 50% reduction in the programme budget for collaboration with countries and peoples in greatest need, which included African but also other countries, and deserved high priority.

Dr BOUFFORD said that despite the clarifications given she did not feel reassured. The choice to cut specific programme 2.3.2 appeared to go against the Board's decision to make a 2% shift of resources towards countries in greatest need. Much time had been spent at earlier sessions of the Board discussing the need for integration of action at global, regional and country level. A cut of the magnitude proposed might prevent the programme progressing effectively at country level, since a large part of it consisted of technical assistance in developing country initiatives.

Professor GIRARD noted that the discussion so far had centred on the appropriate balance of funding, and on two of the main areas in which sensitive cuts were being proposed, namely major programme 2.2 (Health, science and public policy) and specific programme 2.3.2 (Collaboration with countries and peoples in greatest need), and which Board members clearly considered as priorities. The Board's role was to identify priorities, and that is what it had done. It was now up to the Director-General and his staff to take appropriate action to ensure tangible results in the two areas concerned. Although areas, such as the library, should not be neglected, those two priority areas posed crucial policy choices for the Organization and would represent major strategic axes in years to come.

Dr BOUFFORD expressed concern that specific programme 2.3.2 (Collaboration with countries and peoples in greatest need), which had been an obvious priority for some years, had not been allocated sufficient resources to ensure either its maintenance or its enhancement; the reduction in the allocation at the global level was US$ 800 000. Even if the Regional Directors and the Director of the programme felt that the redirection of funds in primary health care was meeting the needs of those countries, it was nevertheless important that the Executive Board be provided with details of those reallocations.

The DIRECTOR-GENERAL said that the restructuring process had inevitably affected allocations in a number of areas; restructuring was still under way in relation to specific programmes 2.2.1 and 2.2.2 and, for specific programme 2.3.1 (Technical cooperation with countries), headquarters had no separate appropriation line. There was, however, still room to review the structure of programme 2.3.2 (Collaboration with countries and peoples in greatest need) in the light of the Board's debate, and after discussion with the Regional Directors following the present Board session, with a view to possibly harmonizing the budgetary allocations between programmes 2.3.1 and 2.3.2 - an approach which he proposed to take, although the outcome could not be guaranteed.